

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 579845

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3							
4							
5							
6							
7			1				
8				1			
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49							
50							
TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.		←	10	←		←	
TOTAL CLAIMS			12				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓					
TOTAL DEP.		←					
TOTAL CLAIMS							